

# APPLICATION FOR EMPLOYMENT

Pre-employment questionnaire - An equal opportunity employer



Today's Date: \_\_\_\_\_

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## PERSONAL INFORMATION

Name \_\_\_\_\_ SS# \_\_\_\_\_  
(Last) (First) (MI)

Present Address \_\_\_\_\_  
(Street) (City) (State & Zip)

Phone# \_\_\_\_\_ Email \_\_\_\_\_ Are you at least 21 years of age? \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? \_\_\_\_\_

## EMPLOYMENT DESIRED

Position applying for \_\_\_\_\_

Desired Salary \_\_\_\_\_

Date you are able to report to work \_\_\_\_\_

Are you employed now? \_\_\_\_\_ If so, may we inquire with your present employer? \_\_\_\_\_

### Please fill out the hours you are available to work:

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_

Sunday \_\_\_\_\_

Referred by \_\_\_\_\_

## References

Give the names of 3 persons, not related to you, whom you have known for at least 1 year:

Name \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_ Phone# \_\_\_\_\_

# GENERAL INFORMATION

Subjects of special study or research \_\_\_\_\_

Special Skills \_\_\_\_\_

Name & Address of Last Employer: \_\_\_\_\_

Telephone# \_\_\_\_\_

Employed From \_\_\_\_\_ To (include month & year) \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Dept. Head \_\_\_\_\_

Position/Title \_\_\_\_\_

Specific Duties & Responsibilities \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

What did you like most about this job? \_\_\_\_\_

What did you like least about this job? \_\_\_\_\_

In case of emergency notify (Name, Address & Phone) \_\_\_\_\_

"I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and if I am employed, my employment may be terminated at any time.

In consideration of my employment I agree to confirm to the company's rules and regulations and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed with or without cause and with or without notice anytime by the company. I understand that no company representative, other than its president, and then only when in writing and signed by the company's president as an authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing."

Date \_\_\_\_\_

Signature \_\_\_\_\_